

INFORMATION FOR OBTAINING A CERTIFICATE OF QUALIFICATION (Bar Card)

PAYMENTS and **applications** for a Lafayette City/Parish Bar Card are now being accepted at our new location:

220 W. Willow Street, Building D, Lafayette, Louisiana - (Clifton Chenier Center)

Bar Card PROCESSING HOURS:

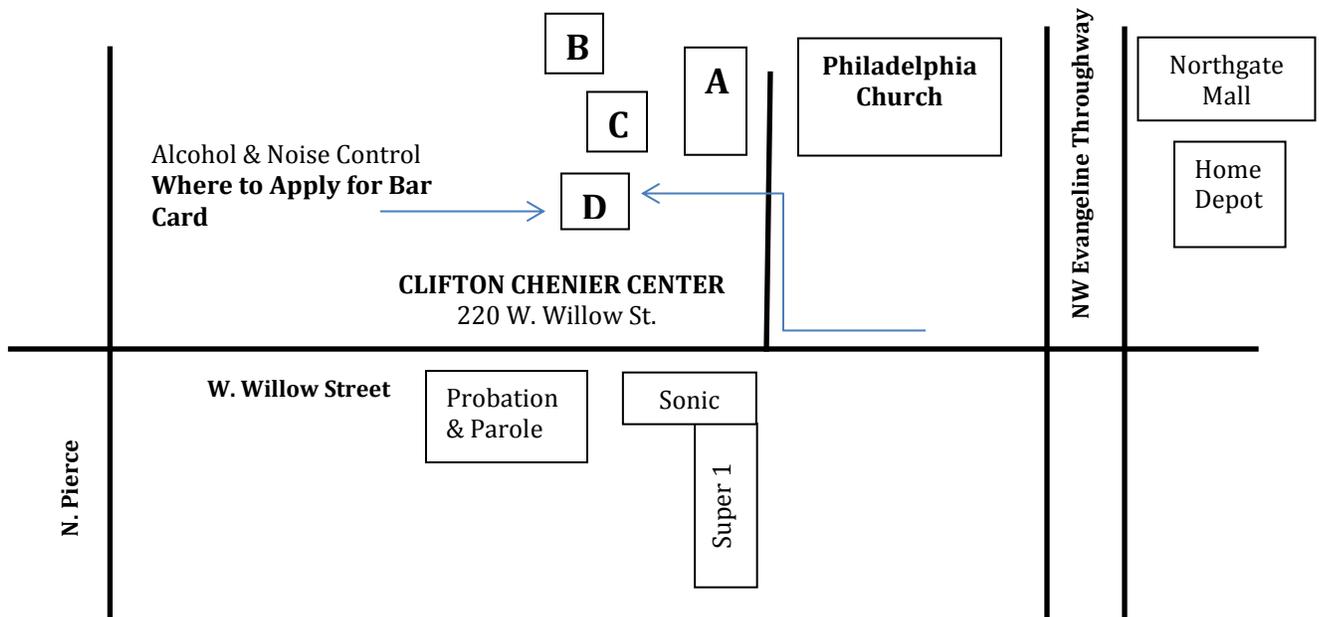
Monday – Friday

8:00 A.M. – 12:30 P.M. ONLY

Payments must be in the form of cash, check, or money order only.

NO CREDIT or DEBIT CARDS ACCEPTED

- Class A & B** \$50 On-Premise Consumption (Restaurant and Bar)
- Class B only** \$25 Off-Premise Consumption (Convenience Store, Grocery Store)
- Replacement** \$15
- Extension** \$10 (Must be within 60 days of original application)



MAP IS NOT TO SCALE



Office of Alcohol and Noise Control
 220 W. Willow Street, Building D
 P.O. Box 4017-C * Lafayette, LA 70502
 Telephone (337) 291-8697 or (337) 291-7338

Data Entered/processed by: _____
 Date State RV Expires: _____
 RV Class Date: _____
 Eligible Release Date: _____
 Bar Card Type: A or B

**CERTIFICATE OF QUALIFICATION
 (BAR CARD) APPLICATION**

TODAY'S DATE: _____

SOCIAL SECURITY #: _____

NAME: _____

Nicknames; Maiden Name; Previous Married Names:

Street Address: _____

City/State/Zip: _____

Phone: () _____

Eye Color: _____ Height: _____ Weight: _____

Ethnicity (Race): _____ Gender: _____

Are you a CITIZEN of the UNITED STATES? _____

Place of Birth (City/State): _____

Date of Birth: _____ Age: _____

Identification Provided: (circle one) State ID
 Driver's License Passport Military ID Federal ID

YOUR IDENTIFICATION MUST NOT BE EXPIRED

ID #: _____

State Issued: _____ Exp. Date: _____

Place of Employment: _____

Employment Address: _____

City / State / Zip: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Phone: () _____

The following questions are used to determine your eligibility:

1. Are you 18 years of age or older? _____
2. In the past two years, have you been **CONVICTED** of a felony? _____
3. In the past two years, have you been **CONVICTED** of a misdemeanor crime? _____
4. In the past one year, have you had a certificate or license or permit to sell, serve or dispense alcoholic beverages **REVOKED**? _____

If you answered "YES" to question 2, 3, and/or 4, please explain on the back of this application.

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**Please initial as you read each statement below.**

\_\_\_\_\_ *Withholding or giving false information on any part of this application is grounds for denial of your Bar Card.*

\_\_\_\_\_ *Once this application is received no refund will be given.*

\_\_\_\_\_ *You must notify this office of any changes to your home address or if you obtain new or additional employment.*

**I affirm all of the information on this application is true and correct, to the best of my knowledge.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

**DO NOT WRITE BELOW THIS LINE**

**By signing below, I acknowledge I have received my City/Parish "Bar Card"**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

LAST: \_\_\_\_\_  
 FIRST: \_\_\_\_\_  
 MIDDLE: \_\_\_\_\_